

AUG 19 2005

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FACSIMILE TRANSMISSION**DATE:** August 19, 2005**MATTER NUMBER:** 10506752**MONS:059US**

RECIPIENT:	FAX No.:	PHONE No.:
Commissioner for Patents U.S. Patent Office	571/273-8300	703/308-1202

FROM: Martha Robinson**USER ID:** MR10031 **FLOOR:** 20**PHONE:** (512) 536-5616**FAX:** (512) 536-4598**RE:** CUSTOMER NO. 32425, REVOCATION AND POWER OF ATTORNEY AND
STATEMENT UNDER 37 CFR 3.73(B)**NUMBER OF PAGES WITH COVER PAGE:** 3 **Originals Will Not Follow****Message:**

Please enter in the following matter:

U.S. Patent Application No. 10/634,548, entitled "*TOCOPHEROL BIOSYNTHESIS RELATED GENES AND USES THEREOF*", by Qi Wang et al.

Thank you for your attention to this matter.

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MARTHA ROBINSON @ 512/536-5616 AS SOON AS POSSIBLE.**

MODIFIED PTO/SB/196 (09-04)

STATEMENT UNDER 37 CFR 3.73(B)Applicant/Patent Owner: Susan R. NorrisApplication No./Patent No. 10/634,548Filed/Issue Date: August 5, 2003Entitled: TOCOPHEROL BIOSYNTHESIS RELATED GENES AND USES THEREOFMonsanto Technology, L.L.C.

(Name of Assignee)

a corporation(Type of Assignee, e.g., corporation, partnership,
university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 014062, Frame 0276, or for which a copy thereof is attached.

OR

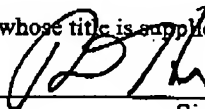
- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
2. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
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☐ Additional documents in the chain of title are listed on a supplemental sheet.

- ☐ Copies of assignments or other documents in the chain of title are attached.
[NOTE: A separate copy (Le., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.081]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.



Signature

August 19, 2005

Date

Robert E. Hanson

Printed or Typed Name

512/474-5201

Telephone Number

Attorney

Title

AUG 19 2005

PTO/SB/82 (04-05) MODIFIED

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number:	10/634,548
	Filing Date:	August 5, 2003
	First Named Inventor:	Susan R. Norris
	Art Unit:	1645
	Examiner Name:	Unknown
	Attorney Docket Number:	MONS:059US

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

46795

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 46795

OR

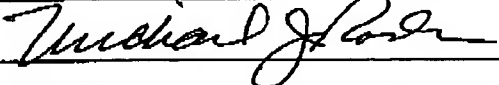
<input type="checkbox"/> Firm or Individual Name				
Address				
City		State		Zip
Country				
Telephone		Email		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE OF APPLICANT OR ASSIGNEE OF RECORD

Signature			
Name/Title	Michael J. Roth-Authorized Agent, Senior Counsel		
Date	20 July 2005	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.